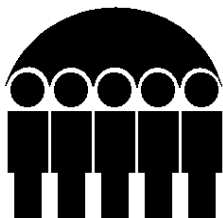


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Employees' Manual
Title 17
Chapter C(2)

CHILD WELFARE

**CASE PLANNING
PRACTICE GUIDANCE**



Iowa
Department
of
Human Services

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Introduction

Iowa's Model of Practice emphasizes a family-centered approach that recognizes the importance of the family unit to a child's healthy development and the critical need for the family to:

- ◆ Understand the issues,
- ◆ Become involved in identifying strengths and needs, and
- ◆ Actively participate in making the changes necessary to provide for the safety and well-being of their children.

Case planning must always be done in a manner respectful of the family. In order to accomplish this effort, the Department staff and service providers must have the time available and the expertise to form the relationship necessary with the family to build trust and share decision making. The process also includes a focus on accountability for the family as well as fostering and celebrating positive behavioral change.

Case Planning Outcomes

Child welfare case planning is focused on achieving the following outcomes for children and families:

◆ Safety

- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

◆ Permanency

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.

◆ Child and family well-being

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

Scope of Chapter

This chapter provides:

- ◆ Background information to support:
 - The policies in Chapter 17-C, which summarizes the laws, rules, and Department-required practice for the case planning phase of a child welfare case.
 - The procedures in Chapter 17-C(1), which describes state procedures for carrying out the case planning process for child welfare services.
- ◆ The clinical or programmatic rationale for the actions that are required during the case planning phase of child welfare services.

Unless otherwise identified, links to “Policy” in this chapter refer to Chapter 17-C. Links to “Procedure” in this chapter refer to Chapter 17-C(1).

Engaging the Family

Link to [Procedure](#)

Engaging the family in a trust-based working relationship is the critical first step to good case planning. Listening to the family story and understanding their strengths and needs is essential to building a trust-based relationship.

Family engagement is not just a “one-time” activity, but rather is an ongoing process of developing and maintaining a mutually beneficial, trust-based relationship that empowers and respects the family and focuses on the mutual concern for the safety and well-being of the child. A collaborative relationship with the family is not a linear process of engagement, assessment, planning, and implementation, but rather an ongoing, cyclical and dynamic process.

When beginning the process of engagement, the worker must keep in mind the Department’s mandate to ensure the safety, permanency, and well-being of the child. It is important to be open and honest with a family regarding the role of the Department and the court to meet some legal requirements. Safety is non-negotiable and can be woven into the fabric of concerns the family expresses.

Engaging and assessing are concurrent activities. The focus of engagement between worker and family is around the mutual concern for the safety and well-being of the child. The focus of assessment is around achieving a shared view of the family's strengths, needs, issues, and aspirations.

The Department uses the family functioning domains to offer a common lens through which to evaluate families and categorize areas relating to protective concerns. Domains allow families and the Department to arrive at a common view of family issues, which is critical to success with the family.

Preparing for Case Planning

Assessment and case planning provide details on why the Department needs to be involved with a family and what have been identified as the safety and risk factors impacting on the child's safety and well-being.

A complete desk review of the assessment phase provides a solid foundation for ensuring the continuity of the Department's involvement with the family throughout the life of the case in providing for child safety, well-being, and permanency.

A review of the Life of the Case – Case History will provide a quick summary of the family and the circumstances leading to the Department involvement.

Four assumptions underlie the assessment process:

- ◆ An assessment of a child must be made in the context of the child's family. It must include an explicit long-term view of service outcome for the family. A long-term view anticipates and defines what the family must have, know, and be able to do in order to be safe and live without continued external supervision. Assessment of the long-term view is used to focus a coherent case plan for the family.
- ◆ People who will affect or be affected by the outcome of the service should be involved in identifying the strengths and needs for service, identifying the desired outcomes and measurable indicators of change for each outcome, and selecting the service and evaluating its effectiveness. These people must include the child and the child's family, and often include relatives, foster parents, school personnel, and service providers.

- ◆ Time spent in deliberate planning and including children and families in the decision making will pay off in the long run. This is true even for children and families who have been in the service system for a long time.
- ◆ Most families can identify their strengths and indicate what they need. Listen and observe before making decisions involving a family. The object is to strengthen the parents in meeting their responsibilities, not to remove responsibility from them.

Children and families make different choices based on cultural factors. Evidence-based practice demonstrates that it is critical to serve the child in the context of the child's family and to serve the family in the context of the family's culture, support network, and community.

Consider the following when assessing families from different cultures:

- ◆ Apply the helping principle of "starting where they are" and understanding the family's level of acculturation and assimilation.
- ◆ Work in conjunction with natural, informal support, and helping networks within the cultural community.
- ◆ Match the strengths, needs, and help-seeking behavior of the child and family within the service delivery system.

Compliance with the [Indian Child Welfare Act](#) is required. Completing a genogram with the family is one strategy that has dual benefits of identifying possible Indian heritage, while also identifying possible extended family support systems and placement resources if needed.

Conducting the Initial Family Meeting

Iowa's Model of Practice is rooted in the principles and practices associated with a strength-based and family-centered approach to the helping process.

Building a collaborative approach from the beginning and throughout the life of the case promotes a common understanding as to why the Department is involved with the family, builds a support system, and sustains the family's interest and involvement in a change process.

Allow the family to be your “guide” in understanding the experiences of the family, what they value, their goals and aspirations, and what they see as their current support system. Consider the informal resources of the family as well as the formal resources the agency would recommend.

The social work case management process encourages the use of a family team decision-making meeting to plan for services. “Family team decision making” represents a philosophy and practice strategy for child welfare services.

This approach includes various types of family team meetings, such as family unity and family group conferencing, that have been demonstrated to be effective in the decision making process for families, extended family, community participants, services providers and legal representatives.

Whether you subscribe to one methodology or use core components of many, the basic premise of each promotes family involvement and empowers families to come together to generate a plan that first promotes safety and then works to engage other members of the family and community. This in turn leads to resolving conflict and promotes strengths and hope.

Mediation

The mediation process is a formally facilitated, confidential process that assists parents and other involved adults in developing cooperative solutions for children and families. A trained mediator serves as a neutral third party.

Mediation has been effective in resolving permanency issues for children. Mediation can be used at any point in a case where conflict or barriers prevent a case from moving forward. For example, mediation can be used for:

- ◆ Resolving conflict and defusing hostility in high conflict cases
- ◆ Establishing concurrent planning and facilitating permanency decisions
- ◆ Identifying agreed-upon caretakers
- ◆ Negotiating reunification plans
- ◆ Identifying and negotiating permanent options for children
- ◆ Maintaining family connections
- ◆ Negotiating sibling or parental visit plans and structured contact with parents
- ◆ Negotiating decision-making related to parenting and adoption issues

The final product of the mediation may be:

- ◆ An improvement in communication,
- ◆ The establishment of a relationship, or
- ◆ A “memorandum of understanding” containing all the items agreed to and signed by all parties.

Assessing Child Safety and Risk

Link to [Policy](#)

Link to [Procedure](#)

Link to [Safety Elements](#)

The Department is responsible for assuring the safety of children that are brought to our attention; this is our mission. This is done in partnership with the medical community, schools, law enforcement, county attorneys, the courts, and the community in general.

Thorough and accurate assessment of safety and risk throughout the life of the case are key components in assuring the safety of children. “Risk” and “safety” are often used interchangeably. However, these two terms actually represent very different elements.

A Comparison of Safety vs. Risk	
Safety refers to present or impending danger from maltreatment.	Risk refers to the probability or likelihood that a child will suffer maltreatment in the future.
The immediate impact on the child is greater in safety decisions. Lack of safety signals a need for immediate action.	The immediate impact on the child is less in decisions about risk recurrence.
Safety is first about the need for immediate action and later is about whether the withdrawal of current interventions would mean a return to unsafe levels of threats of harm within the foreseeable future	Identification of risks helps determine the focus of the change process and issues that will affect successful intervention.
All safety factors are risk factors.	Not all risk factors are safety factors, but risk factors that combine to produce a potentially dangerous situation are aggravated safety factors.

Safety Assessment and Planning

The Department will look at safety throughout the life of the case using three **constructs**:

- ◆ [Immediate threats of maltreatment](#)
- ◆ [Child vulnerability](#)
- ◆ [Protective capacities](#)

These constructs are relevant at the initial contact with the child, as well as in considering whether the withdrawal of any protective interventions would mean a return to unsafe levels of threats of harm within the foreseeable future.

Safety assessment is a decision-making and documentation process that evaluates safety threats, present danger, child vulnerability, and family protective capacities to determine the safety response.

Safety assessment is an ongoing process, rather than a one-time event. Workers must perform a safety assessment at the following critical junctures throughout the course of the Department's involvement with a family:

- ◆ Within 24 hours of first contact during a child protective assessment
- ◆ At completion of the child protective assessment when the child was determined to be conditionally safe during the initial safety assessment
- ◆ Whenever circumstances suggest the child is in an unsafe situation
- ◆ Before the decision to recommend unsupervised visitation
- ◆ Before the decision to recommend reunification
- ◆ Before the decision to recommend closure of protective services

All safety assessments require supervisory consultation. When the safety decision is that the child is conditionally safe, a safety plan is required.

Complete a safety assessment with family participation regarding the immediate safety of the child or children.

Use [Safety Assessment Guidance, RC-0104](#), to guide the completion of the safety assessment. Describe the [threats of maltreatment](#), the [child's vulnerability to maltreatment](#), and the [caretaker's protective capacities](#).

Make a safety decision and document it on the *Safety Assessment*:

- ◆ **Safe:** No signs of present or impending danger identified, or the protective capacities identified offset the current danger. The child is not likely to be in imminent danger of maltreatment.
- ◆ **Unsafe:** One or more signs of present or impending danger of maltreatment identified. Lack of child vulnerability or protective capacities do not offset the impending danger, or the caretaker has refused access to the child.

Removal sanctioned by court order or voluntary placement agreement for placement into foster care is the only controlling safety intervention possible. See [Emergency Removal and Reasonable Efforts](#).

- ◆ **Conditionally safe:** One or more signs of present or impending danger of maltreatment are identified. The situation is not expected to place the child in impending danger, because protective capacities or lack of child vulnerability offset the threat of imminent danger to the child or the signs of present or impending danger identified.

Lack of vulnerability or protective capacities do not offset the impending danger of maltreatment. Controlling safety interventions have been initiated and based on these safety interventions, the child will remain in the home at this time.

If the child is conditionally safe, a safety plan must be developed jointly with the family.

Safety Plan vs. Case Plan

A safety plan is:

- ◆ A **specific, formal, concrete strategy** for controlling threats of maltreatment or harm or supplementing protective capacities.
- ◆ Employed immediately when a family's protective capacities are insufficient to manage immediate threats of maltreatment or harm.
- ◆ Designed to manage the foreseeable danger in the least restrictive manner to allow intervention to proceed.

Safety plans and case plans are analogous to safety and risk. Safety and safety plans are about immediate issues, while risk and case plans are about conditions that may require treatment or intervention, but do not pose an immediate threat of harm.

Safety Plan	Case Plan
Purpose is to control immediate threats of harm	Purpose is to change behaviors and conditions
Limited to foreseeable danger threats	Can address a wide range of family needs
Implemented immediately upon identifying foreseeable dangers	Put in place after thorough assessment
Activities are concentrated and intensive	Activities can be spread out over time
Must have immediate effect	Has long-term effects achieved over time
Providers role and responsibilities are exact and focused on the threats	Provider's role and responsibility vary according to family needs

Assessing Risk

The purpose of the risk assessment is to decrease risk factors within the family as well as being used to decide:

- ◆ Whom to serve, and
- ◆ The focus of services to the family.

Risk refers to the probability or likelihood that a child will suffer maltreatment in the future. The identification of risks helps determine the focus of the change process and issues that will affect successful intervention.

When applicable, review the initial safety plan the child protective worker developed with the family. Modify the safety plan as needed, based upon subsequent transitions and family progress.

If a family team is convened, the safety plan should be reviewed and discussed to ensure that:

- ◆ Risks and conditions associated with the family functioning domains are identified and addressed.
- ◆ Realistic and effective strategies are identified that will decrease or eliminate the risks to the child's safety, well-being, and permanency.
- ◆ Specific informal and formal safety response alternatives are identified.
- ◆ Specific steps that family members, providers, yourself, and others will take to protect the children or other vulnerable family members are identified.

NOTE: If indications are that the child cannot be maintained safely at home, see [Assessing Need for Placement](#).

Until all manageable risks of harm in the case are addressed, always review the safety plan at family team meetings held during the life of the case and update it as necessary. Ensure that safety planning addresses:

- ◆ Any immediate issues
- ◆ Predictable future risks
- ◆ Manageable risks of harm
- ◆ The vulnerability of the child
- ◆ The severity and imminence of risks
- ◆ The protective capabilities of the family

Safe Case Closure

Conditions for safe case closure help to define "change requirements" to be met by the family and to frame a long-term view of what it will take for the family to live together safely and successfully, independent of outside supervision.

Safe case closure requires alleviating or mitigating:

- ◆ Those conditions that resulted in the abuse of the child, and
- ◆ Underlying causes of foreseeable risk to the safety of the child.

From the onset, incorporate strategies and steps to achieve safe case closure into the family's plan.

"Safe case closure" includes achieving the goals that address safety in the case plan. The case plan is developed in partnership with the family, and includes a description of:

- ◆ A plan to keep children safe.
- ◆ Individual family strengths, supports, and needs.
- ◆ How the strengths and family supports (housing, child care, employment, income, health care) can be used to assist the family in self-directed change.
- ◆ How the Department and others will assist the family in overcoming the needs.

NOTE: Before closing a voluntary case or recommending case closure in a court supervised case, the Department will conduct a safety assessment to determine if a child is safe. In addition, the Department will assess

- ◆ Whether the family can manage remaining risks (i.e., are the family's protective capacity and community supports adequate to address any remaining risks).
- ◆ Whether the child's needs for permanency and stability have been addressed.
- ◆ Whether any well-being issues that brought the child to the Department's attention have been resolved.

Planning for Permanency

Link to [Procedure](#)

The Adoption and Safe Families Act (ASFA), requires accountability by states to keep children safe and healthy and to establish permanency as quickly as possible. Key principles of ASFA are:

- ◆ The safety of children is the paramount concern that must guide all child welfare services. Focus on child safety begins at the first contact the family has with the Department and continues during the entire case process. The Department is not required to make efforts to keep children with their parents when doing so places a child's safety in jeopardy.

- ◆ Foster care is a temporary setting and not a place for children to grow up. The law strongly promotes a permanent home for children who cannot return safely to their own homes. To ensure that the system respects a child's developmental needs and sense of time, the law establishes time frames for making permanency-planning decisions, and for initiating proceedings to terminate parental rights.
- ◆ Permanency planning is required at every level of DHS intervention. When placement of the child is considered, the Department must:
 - Make reasonable efforts to prevent removal from home.
 - Make reasonable efforts to expedite reunification when removal is necessary.
 - Expedite another permanency option when reunification is not possible.
 - Provide ongoing case review and oversight.

Only when timely and intensive services are provided to families can agencies and Courts make informed decisions about parent's ability to protect and care for their children. Efforts to place a child for adoption or with a guardian can be made concurrently with reasonable efforts to reunite a family.

- ◆ The child welfare system must focus on results and accountability. It is critical that child welfare services lead to positive results.

Federal regulations promulgated under this legislation affect states that receive funds through Title IV-E of the Social Security Act. The regulations mandate federal reviews of cases and providers and fiscal sanctions for states that do not comply with federal requirements.

Assessing Need for Placement

These assumptions underline the assessment process:

- ◆ Placement is a service to the family, not the child alone.
- ◆ Your endeavors are more likely to be successful if you make an effort to establish mutuality in identifying the need for service, selecting the service, and evaluating the effectiveness of the service. This means involving the child, the child's family, relatives, foster parents, service providers, and others who will affect or be affected by the outcome of the service.
- ◆ Time spent in deliberate, planned decision-making will pay off in the long run, even for cases that have been in service for a long time.
- ◆ Most families can identify and indicate what they need. It is important to listen and observe before making judgments. The object is to strengthen the parents in meeting their responsibilities, not to remove responsibility.

Initial assessment of the need for placement consists of several steps:

1. Identify the family's immediate needs. This includes finding out:
 - ◆ Who referred the family for foster care services,
 - ◆ What the reasons for the referral were, and
 - ◆ Whether the person making the referral (the client or another person) understands the possible consequences.

If someone besides the family made the referral, it is important to find out whether the family understands the reasons for the referral and is in agreement with them.

2. Determine whether the Department can provide the needed service. This includes a determination of service availability and a determination of the family's eligibility for service. At the end of this step, the case record should include the following information:
 - ◆ Who initiated the request for service.
 - ◆ The identification of the immediate needs and possible services that the worker and the family have agreed on.
 - ◆ The collateral contacts made by the worker and the information provided by them.
 - ◆ The date and type of eligibility.
3. Determine whether the family's current situation requires removal of the child from the home. This means determining whether the home meets the "minimum sufficient level" of care, defined as the point below which the child's mental, physical, or emotional health is threatened by being in the home.
4. Determine what legal action is necessary to get authority to make the placement, if one is needed.

NOTE: When the Department becomes involved with a child through court action that was not initiated because of a Department assessment, these steps may have been taken by court staff. It is important for case planning to obtain the facts that were used in making the assessment.

Efforts to Prevent Removal of a Child From the Home

Unless the child is in immediate danger at home, the Department shall recommend placement only after efforts have been made to prevent or eliminate the need for removal of the child from the family.

The reason for this policy is the importance to a child of attachment, or the development of a trusting relationship with a parenting figure. Separation of a child and parent has negative consequences to the child, the parents, and the siblings.

If many different people care for an infant, that child will be noticeably slower in forming an attachment to one person. Once an attachment is made, it is often much more intense and clinging than that of other children.

Children who have experienced the anxiety of separation from their parents during infancy or early childhood often are fearful of exploring the world and consequently may be inhibited in their mental, physical, and social development.

Children who have been separated from parents show their distress through crying, anger, and withdrawal. Future attachments, even with the same parent, may be more shallow and less trusting, with considerable displays of anger.

These children may decide that it is not safe to get close to anyone. Relationships may take longer to develop or may develop at a superficial level. With each separation, the chance of the child deciding that it is not safe to trust others is increased.

The first question to be identified and documented is about the safety of the child. Is there present or impending danger from maltreatment that obviously threatens the child's mental, physical, or emotional health?

If so, and you can be relatively sure that immediate, specific service delivery can quickly correct a need and allow the child to return home, it is often appropriate to help the parent locate a relative, neighbor, or friend with whom the child is familiar who will care for the child temporarily. If it cannot be predicted that the placement will be brief, formal entry into foster care is probably more appropriate.

If no single aspect of conduct or condition obviously poses an immediate threat to the child, all needs must be weighed together to evaluate their total effect.

The second question to be addressed is whether an appropriate support system can be set up to keep the family intact. This involves evaluation of family and community strengths and the availability of services to address the family's problems without removing the child. Evaluation of past efforts to prevent the need for removal must include efforts made by other agencies.

If conduct or conditions in the home are below the minimum sufficient level and there are no available and sufficient support systems, removal from the home is indicated.

NOTE: Many other persons and agencies in the community are involved in child welfare. Your job is to be familiar with these resources and to provide continuity between their services and services available through the Department.

Promoting Placement Stability

Stability in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. The stability of a child's life will influence the child's ability to solve problems, negotiate change, assume responsibility, judge and take appropriate risks, form healthy relationships, work as a member of a group, and develop a "conscience."

Many life skills, character traits, and habits grow out of enduring relationships children have with key adults in their life. The caregiver or adult mentor (relative, neighbor, coach) makes time for the child, works through problems of childhood and adolescence with the child, and models values and life skills essential for normal development.

Building nurturing relationships depends on consistency of contact. For this reason, stability and permanence in the child's living arrangement and social support network are a foundation for child development.

A child removed from the family home should be living in a safe, appropriate, and permanent home within 12 months of removal with only one interim placement. If, for the reasons of child protection, psychiatric treatment, or juvenile justice service, a child is in a temporary setting or unstable situation, then prompt and active measures should be taken to restore the child to a stable situation.

(Source: Foster, Ray, *Quality Service Review*, Human Systems and Outcomes, Inc., April 2000)

Evaluate the quality of the child's continuing relationship with family members or other meaningful persons periodically. Determine whether the child requires help to work through any conflicts or changes in these relationships.

Stress situations may cause the child to need special help. These include:

- ◆ Loss due to separation (including termination of the placement)
- ◆ Medical care
- ◆ Hospitalization
- ◆ Other unavoidable disturbing experiences
- ◆ Changes in the plan for use of foster care services
- ◆ School or social problems

Give special attention to minimizing changes affecting the relationship of the child and significant adults. These include changes in frequency of contact with the service worker, transfer of the service worker, vacations of workers or foster parents, or the child's departure from foster care.

Such changes reactivate in the child fears of separation and change. They may lead to emotional upset or disturbances in behavior that may harm relationships with the foster family, school, friends, and birth family. With adequate preparation for changes and clarification of the reasons for it, the child will be better able to respond appropriately.

Negative impact of placement increases with multiple placements. You are responsible for minimizing multiple placements. The failure of a placement is the failure of the service delivery system to meet the needs of the child, not the failure of the child.

The individualized case permanency plan shall identify whether a child is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk.

Minimize placement breakdown by:

- ◆ Adequately assessing the needs of the child.
- ◆ Matching the child needs with the substitute family's or facility's abilities.
- ◆ Preparing the child and family for the placement.
- ◆ Assisting children with feelings about living apart from families.
- ◆ Providing adequate support to the child, family, and substitute caregivers.
- ◆ Scheduling regular meetings with the child's foster family.
- ◆ Maintaining family connections by allowing visits early and often.
- ◆ Developing crisis plans that address predictable behaviors or patterns of behavior that threaten or destabilize the placement.
- ◆ Recognizing relationship stress early and responding to resolve problems.

Establishing the Permanency Goal

Link to [Procedure](#)

Permanence for a child means the child has a safe, stable, custodial environment in which to grow up, and a life-long relationship with a nurturing caregiver. While a permanent home or family may not be certain to last forever, it is one that is intended to last indefinitely and offers the hope of lifelong connections and support.

A permanent family is meant to survive geographic moves and life changes because it involves commitment and sharing a common future, whether the biological family, an adopted family or a guardianship family. The sense of belonging to a family is critical to a child's security and positive self-esteem, and supports healthy growth and development of a child. A permanent home provides legal and social status to a child.

1. Review and consider the appropriate permanency goal for the child, based upon the case plan:
 - ◆ Remain in the home
 - ◆ Return child to home
 - ◆ Transfer custody to another parent
 - ◆ Transfer custody or guardianship to a relative
 - ◆ Adoption
 - ◆ Transfer custody and guardianship to suitable person
 - ◆ Safely place children in another planned alternative permanent living arrangement
2. Document the permanency goal in the case plan when child is in foster care.

Hierarchy of Permanency Options

Permanency planning and permanency options should be unique and individualized for each family. The range of permanency options for children and families can be ranked in a hierarchy considering safety, stability, and lasting nurturing relationships.

Degree of Permanence	Permanency Option
<div>Most Permanent</div> <div>↓</div> <div>Least Permanent</div>	Children remain safely with their parents
	Children are reunified safely with their parents or relatives
	Children are safely adopted by relatives or other families
	Children are safely placed with relatives or other families as legal guardians
	Children are safely placed in another planned alternative permanent living arrangement

For example, remaining in or returning to the parental home is the most permanent option for the child. Adoption is generally considered the optimal form of permanency when the biological parents are unable to provide a safe, stable, and nurturing home.

Guardianship, permanent custody, and other planned permanent placements are considered less permanent. Temporary foster care and independent living are not permanency options.

Consider the following factors in selecting the appropriate permanency goal, based upon the findings from the assessment phase of the case and the case plan:

- ◆ The child's age and relationship with parents
- ◆ The child's and parent's capacities and needs
- ◆ The severity and duration of founded abuse or neglect

Consider using the following tools in making permanency decisions about the child:

- ◆ Concurrent planning
- ◆ Mediation
- ◆ Permanency staffing

Concurrent Planning

"Concurrent planning" means establishing more than one permanency goal. Concurrent planning is a child-focused strategy and an effective tool to expedite permanency that requires individualized assessment and decision making. It is based on full disclosure, which requires open and honest discussions with all parties at all steps in the process.

Effective concurrent planning requires individualized assessment, goal-setting, and decision-making. The goals of concurrent planning are to:

- ◆ Engage families in early case planning and decision making to meet children's need for stability and continuity in their family relationships;
- ◆ Reduce multiple placements that may lead to serious problems for children;
- ◆ Promote early permanency decisions; and
- ◆ Decrease the length of stay in foster care for children.

Factors Indicating Low Need for Concurrent Planning

Factors that suggest a good prognosis for reunification and indicate little or no need for concurrent planning, include:

- ◆ **A positive parent-child relationship**, as demonstrated by the following:
 - The parent responds to the child's cues.
 - The parent has empathy for the child, and there is a good balance between the parent responding to the needs of the child and the parent's own needs.
 - The parent accepts responsibility for problems leading to the abuse or neglect.
 - The parent has willingness and ability to modify parenting behavior and be protective of the child.
 - The parent has raised the child for a significant period.
 - The parent has the ability to meet the child's special needs.
 - The parent has shown periods of previous effective parenting.
 - The child appears comfortable in the parent's presence.
- ◆ **Stable, consistent parental history and functioning**, as demonstrated by the following:
 - The parent has stable physical health.
 - The parent has stable emotional health; any parental mental illness is well controlled.
 - The parent has economic stability (employment, living independently, stable housing).
 - The parent is free from substance abuse, gambling, violence, addictions, etc.
 - The parent has consistent contact and relationship with the child.
 - The parent has a history of being able to meet the child's needs despite impaired mental functioning.

- Parental problems are of more recent and situational origin, rather than chronic.
- There is consistency of parental caretaker and childhood needs being met.
- The parent is a high school graduate or has obtained a G.E.D.
- ♦ **Strong family support systems**, as demonstrated by the following:
 - The family has significant positive relationships with adults who are free of overt problems.
 - The family has nearby extended family who can offer support.
 - The family has relatives have come forward to offer help if child needs placement.
 - The family has connections with a counselor, church, job, or other entity that supports safe parenting and can offer support.
 - The family recognizes its strengths and limitations.

Factors Indicating High Need for Concurrent Planning

Factors that suggest a poor prognosis for reunification and indicate a need for concurrent planning, include:

- ♦ **Serious abuse or significant neglect**, as demonstrated by the following:
 - The child has been a victim of serious physical abuse, such as burns, fractures, or poisoning.
 - The child has been a victim of sexual abuse.
 - The child has a history of significant neglect.
 - The child was exposed at birth to methamphetamine, cocaine, crack, heroin, alcohol, etc.
 - The child was a victim of physical or sexual abuse in infancy.
 - The child has been a victim of more than one form of abuse.
 - The child has been diagnosed as a failure-to-thrive infant.
 - The parent has harmed the child repeatedly and with premeditation.

- ◆ **Parental ambivalence**, as demonstrated by the following:
 - The parent has abandoned child to the care of friends, relatives, a hospital or to foster care placement.
 - The parent has a mental illness that is not currently well controlled, or has a history of not being well controlled.
 - The parent has relinquished another child or has considered relinquishing this child.
 - The parent has a pattern of repeated parental ambivalence about parenting.
 - This child or other children have had previous out-of-home placement.
 - The parent has a lack of emotional commitment to the child.
 - The parent has inconsistent contacts with the child.
- ◆ **Unstable, inconsistent parental history and functioning**, including previous lack of response to treatment and services and substance abuse, mental health, and domestic violence history, as demonstrated by the following:
 - The parent is addicted to substances and is unable to provide consistent parenting or self-care.
 - The parent continues to reside with someone dangerous to the child.
 - The parent engages in high-risk behaviors (drugs, criminal activity, alcohol, etc.).
 - The parent has a documented history of domestic violence in relationships.
 - The family has a history of intergenerational abuse, with no visible change in family dynamics.
 - The child is at risk through being left with inappropriate caregivers.
 - The parent's only visible means of support is through illegal drugs, street life, prostitution, or other criminal behavior.
 - The parent was raised in foster care.
 - The parent has degenerative or terminal illness.

- Personality disorders are leading to progressive signs of family deterioration.
 - Parental abilities are limited due to developmental disabilities.
 - Previous intervention attempts have been unsuccessful due to parental uncooperativeness.
 - The parent has previously failed to respond to interventions despite adequate participation.
 - Family reunification has previously been disrupted.
 - The parent is under the age of 16 and has no parenting support system.
- ♦ **Significant child welfare service history**, as demonstrated by the following:
- The parent has significantly harmed another child through abuse or neglect.
 - Other children have been placed in foster care or with relatives for six or more months' duration or have had repeated placements with child protective interventions.
 - Parental rights to another child were terminated.
 - This child has suffered repeated harm.
 - The family has had three or more child protective interventions for serious incidents.
 - This child has suffered more than one form of abuse, neglect, or sexual abuse.
 - The child was previously abandoned or once placed in care, and the parent did not visit the child on the parent's own initiative.
 - There is a pattern of documented domestic violence between the spouses of one year or longer.
 - The parent experienced foster care or abuse.

Grounds for Termination of Parental Rights

Moving forward with a termination of parental rights is not an action initiated by the Department to punish the parent. It is the Department's responsibility to provide the child with a long-term, stable, and responsible caregiver when a parent cannot fulfill that role.

The focus of the termination of parental rights is not on the parents, but rather on the best interest of the child to ensure the child's safety, well-being, and permanency. Lack of a permanent home is damaging to children and therefore the goal is to achieve permanency for children in a timely fashion.

In cases in which there are [compelling reasons](#) not to file a termination of parental rights petition, the Department must demonstrate a very strong and specific set of justifications for not moving forward with a termination of parental rights.

If the court determines that the birth family cannot care for the child or the child cannot safely return home, the court may involuntarily terminate the parents' rights and place the child under the guardianship of the Department. The law defines the specific situations when freeing the child for adoption is appropriate. The primary consideration is the best interests of the child.

Transition Planning

Youth in foster care frequently do not have a positive support system or safety net when they become young adults and typically have fewer resources as they age out of the system. Preparation must be made to assist youth in their transition from out of home placement to adulthood.

The Department employs eight full-time transition planning specialists. Transition planning specialists have specific knowledge of existing programs and monitor new programs and services for youth transition. The transition planning specialist is available to provide:

- ◆ Ongoing consultation in the planning process, including assistance in obtaining a life skills assessment, and
- ◆ Information regarding resources and services available to the youth.

The transition plan section of the child placement plan must:

- ◆ Be completed for all youth in foster care aged 16 and older.
- ◆ Be developed based upon an assessment of the youth's goals, strengths, and needs; and
- ◆ Include specific steps, services, and referrals that will assist the youth in developing competencies to prepare for adulthood.
- ◆ Be reviewed according to case plan review policy.

Each service area has an established protocol for addressing youth transition needs through a team meeting or specific transition staffings.

For youth who may be eligible for services as an adult, the needs assessment and plan must be developed with someone who can reasonably be expected to be a service provider when the youth becomes an adult or responsible for the costs of services at that time.

Youth who exit from foster care at 18 years of age or older must be provided a free copy of their health and education record. This should include the most recent information regarding:

- ◆ The names and addresses of the youth's health and educational providers,
- ◆ The youth's school record,
- ◆ A record of the youth's immunizations,
- ◆ The youth's known medical problems,
- ◆ The youth's medications, and
- ◆ Any other relevant health and education information concerning the youth.

The transition plan should be designed to help the youth connect to services and supports in the following areas as needed.

Alcoholics Anonymous

Alcoholics Anonymous® (AA) is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership. More information is available from:

- ◆ The AA web site at:
http://www.alcoholics-anonymous.org/en_information_aa.cfm

◆ By phone or mail to:

A.A. World Services, Inc.
P.O. Box 459
New York, NY 10163
(212) 870-3400

College Resources

There are several resources available that will assist youth with college expenses. The first step in receiving any type of financial aid for college is to complete the Free Application for Federal Student Aid, or FAFSA.

The state of Iowa offers two programs to help pay for college:

- ◆ The Education and Training Voucher Grant
- ◆ The All-Iowa Opportunity Foster Care Grant

Colleges may also offer federally funded services for disadvantaged students.

Free Application for Federal Student Aid (FAFSA)

The FAFSA is the application for federal grants and scholarships (like the Pell Grant) and must be completed if the student is to receive any financial aid. The results of the FAFSA determine how much financial aid each student will receive.

Students who exit foster care at age 18 or older, can answer "yes" to question #53 which asks, "Are both of your parents deceased, or are (or were you until age 18) a ward/dependent of the court?" By answering yes, the student will be treated as an independent student and no parental information is required.

Students who answer 'yes' to this question should anticipate that the college or university will require proof of their ward of the court status. Most colleges and universities will accept a copy of the court order placing them into the care of DHS or a letter from a social worker on DHS letterhead.

The FAFSA should be completed in January for students intending to start college in August. For assistance completing the FAFSA, please contact your transition planning specialist or consult the federal web site, <http://www.fafsa.ed.gov/>.

Education and Training Voucher Grant

The Education and Training Voucher (ETV) Grant provides up to \$5,000 per year per student. Youth must have a high school credential (either a GED or diploma) and must:

- ◆ Age out of care (leave care within 30 days of turning 18), or
- ◆ Be adopted from foster care after the age of 16, or
- ◆ Enter a subsidized guardianship after reaching age 16

Youth must be under the age of 21 the first time they participate in the ETV program (meaning they must be attending class and receive a disbursement before they turn 21).

Funding can continue until the age of 23. Students must reapply each year and are required to meet the academic progress standards of the college or university or make satisfactory progress towards completion of the training program to renew this grant.

See the Iowa College Student Aid Commission web site at:

<http://www.iowacollegeaid.org/commissioncentral/fostercare.html>

All Iowa Opportunity Foster Care Grant

To be eligible for the All Iowa Opportunity Foster Care Grant, youth must have high school credential (either a GED or diploma) and must:

- ◆ Be an Iowa resident
- ◆ Attend an Iowa college or university
- ◆ Age out of placement in:
 - Foster care (meaning the youth leaves care within 30 days of turning 18 or was adopted from foster care after the age of 16) or
 - The State Training School or the Iowa Juvenile Home (leaves placement within 30 days of turning 18).

Youth must be under the age of 23 the first time they participate in the All Iowa Opportunity Foster Care Grant program. Youth must be attending class and receive a disbursement before turning 23.

Funding can continue until the age of 24. Students must reapply each year and are required to meet the academic progress standards of the college or university or make satisfactory progress towards completion of the training program to renew this grant.

See the Iowa College Student Aid Commission web site at:
<http://www.iowacollegeaid.org/commissioncentral/fostercare.html>

TRIO Programs

Almost all colleges and universities have a student services office funded through the federal TRIO Program, which provides educational opportunity programs designed to motivate and support students from disadvantaged backgrounds.

TRIO includes six outreach and support programs targeted to serve and assist low-income, first-generation college students and students with disabilities. The student service office may offer:

- ◆ Instruction in basic study skills
- ◆ Tutorial services
- ◆ Academic, financial, or personal counseling
- ◆ Guidance on career options

Students should ask the college or university they are attending about services offered at that campus.

County Mental Health and Developmental Disability Services

Each county in Iowa has designated a “central point of coordination” (CPC) administrator, who serves as the “single point of entry” for county-funded mental health and disability services. Each county is required to maintain a county management plan that details the policies and procedures for services the county provides.

The CPC administers the system of county-funded services as set forth in the plan. Some of the CPC duties include:

- ◆ Centralized intake for persons wishing to access county-funded services,
- ◆ Determination of legal settlement,
- ◆ Referral for service coordination,
- ◆ Authorization of funding within the guidelines established by the county management plan.

To find out who the CPC for a county is and what services are covered in the county management plan, see the Division of Mental Health and Disability Services’ county system web page, at:

http://www.dhs.state.ia.us/dhs2005/mhdd/county_system/index.html

Food Assistance

The Food Assistance program (formerly known as Food Stamps) promotes the general welfare of low-income individuals and families by raising their levels of nutrition to avoid hunger and malnutrition.

If you have questions, you can contact the Food Assistance Call Center at 1-877-YES-FOOD (1-877-937-3663) or any local Department office. Click [here](#) for a map of Department of Human Services local office locations.

The Department office serving your county is also listed in the State or County Government section of your local phone book, under "Department of Human Services" or just "Human Services."

You may also contact the Department's Field Office Support Unit by calling 515-281-6899 or 1-800-972-2017.

Housing and Urban Development (HUD)/Section 8

The Iowa Finance Authority administers two programs that can help some of Iowa's most vulnerable citizens find safe and decent housing.

- ◆ The Home- and Community-Based Service Rent Subsidy Program provides temporary rental assistance for people who receive medically necessary services through Medicaid waivers until the person becomes eligible for another public or private rent subsidy.
- ◆ The Aftercare Rent Subsidy Program provides financial assistance for youth who are aging out of the foster care system and are participants in the Aftercare Services Program. The program's goal is to teach Iowa youth independence, life skills, and renter rights and responsibilities.

For more information, see the Iowa Finance Authority web site at: http://www.ifahome.com/en/for_renters/

Iowa Aftercare Services Network

The Department has contracted with a private agency to administer the Iowa Aftercare Services Network (IASN). IASN is a network of private agencies across the state to assist youth as they leave foster care and enter adulthood. More information about network services is available on the IASN web site at: http://www.ypii.org/IASN_pageone.htm.

Aftercare is a voluntary support system that offers case management, guidance, and, when certain criteria such as working full time or going to school, are met, a monthly stipend (PAL).

The purpose of aftercare services is to provide services and supports to youth aged 18, 19, or 20 who were formerly in foster care. The primary goal of the program is for participants to achieve self-sufficiency and to recognize and accept their personal responsibility for the transition from adolescence to adulthood.

Those in aftercare work with a "self sufficiency advocate" (SSA) to develop a "self sufficiency plan." This plan addresses the young person's needs in areas of housing, health, relationships, education, life skills, and employment. Youth remain eligible for aftercare only if they are meeting with the self-sufficiency advocate and working on their goals.

Aftercare Eligibility

To be eligible for aftercare services, a youth must:

- ◆ Reside in Iowa.
- ◆ Be at least 18 years of age but less than 21 years of age.
- ◆ Leave foster care either:
 - On or after the youth's 18th birthday; or
 - Between the ages of 17 ½ and 18 after being in foster care continuously for at least six months.

For purposes of eligibility, "foster care" is defined as 24-hour substitute care for a child who is placed away from the child's parents or guardians and for whom the Department or Juvenile Court Services has placement and care responsibility through either court order or voluntary agreement.

A placement may meet the definition of foster care regardless of whether:

- ◆ The placement is licensed and the state or a local agency makes payments for the child's care;
- ◆ Adoption subsidy payments are being made before the finalization of adoption; or
- ◆ There is federal matching of any payments made.

Foster care may include, but is not limited to, placement in:

- ◆ A foster family home;
- ◆ A foster home of relatives;
- ◆ A group home;
- ◆ An emergency shelter;
- ◆ A pre-adoptive home;
- ◆ A residential facility; or
- ◆ The home of an unlicensed relative or suitable person.

Foster care does **not** include placement in:

- ◆ A detention facility;
- ◆ A forestry camp;
- ◆ A training school; or
- ◆ Any other facility operated primarily for the detention of children who are determined to be delinquent.

Former foster care youth (between ages 18-21) who aged out of care in another state and moved to Iowa can receive services from the Iowa Aftercare Services Network, if they meet the eligibility requirements.

Iowa Workforce Development

Iowa Workforce Development (IWD) links job placement and skill development into a system of lifelong learning and opportunity. Major products and services of IWD are:

- ◆ **Full-service centers:** IWD maintains a network of local centers within 16 regions of Iowa. Each region has a full-service workforce development center with a network of itinerant and satellite offices. Many centers are shared by multiple workforce partners, including non-profit organizations, the Department of Human Services, Vocational Rehabilitation, and community colleges.

IWD is an employee's resource for:

- Updating and developing new skills
 - Current job marketing strategies
 - Careers of the future
 - Current employment opportunities
 - Support and testing services
 - Unemployment insurance benefits
- ◆ **Web site:** Through a comprehensive web site (www.iowaworkforce.org), IWD provides customer access to major services, such as posting résumés and unemployment insurance claims, basic service information and labor market information, 24 hours a day, seven days a week.
 - ◆ **Unemployment Insurance** (Benefits for persons who have lost their job through no fault of their own). Adjudication, Compliance, and Education (Adjudication of income support issues for workers who have been injured on the job and unemployment insurance appeals)

Administrative staff are centralized in two offices in Des Moines, Iowa located at 1000 East Grand Avenue and 150 Des Moines Street. For more information, contact Iowa Workforce Development Customer Service:

- ◆ Through its web site at: <http://www.iowaworkforce.org/cas/service.htm>
- ◆ By telephone at: (515) 281-5387 or (800) 562-4692

Job Corps

Job Corps is a no-cost education and vocational training program administered by the U.S. Department of Labor that helps young people ages 16 through 24. At Job Corps, students enroll to learn a trade, earn a high school diploma or GED, and get help finding a good job.

There are Job Corp programs in every state. See <http://jobcorps.dol.gov/center.htm>

For more information on Iowa's Job Corp program, see <http://denison.jobcorps.gov/>

Legal Aid

The Iowa Legal Aid web site is a service of Iowa Legal Aid and other organizations working for fairness in Iowa. The web site provides resources for low-income Iowans, seniors, and others looking for help with a legal problem or seeking information on the law. Iowa Legal Aid cannot help with criminal problems. Access the site at: <http://www.iowalegalaid.org/ia/homepage.html>

Legal Guardianship

A guardianship is a legal right given to a person to be responsible for the food, health care, housing, and other necessities of a person deemed fully or partially incapable of providing these necessities for himself or herself. The person seeking the appointment of a guardian files a petition with the court for the jurisdiction where the allegedly legally incapacitated person resides. (Source: <http://www.expertlaw.com>)

Medicaid for Young Adults (MIYA)

The purpose of the Medicaid for independent young adults (MIYA) program is to provide continued health coverage to young adults transitioning to independence from state care and custody.

MIYA currently provides Medicaid coverage to eligible youth who:

- ◆ Are under age 21,
- ◆ Were in a foster care placement when they turned age 18,
- ◆ Left foster care on or after May 1, 2006, and
- ◆ Have countable income under 200% of the federal poverty level.

Youth covered under the MIYA program receive the same services as any other child under 21 who is eligible for Medicaid. Youth covered by the MIYA program receive covered services through existing Medicaid provider networks.

Eligibility Determination

Youth transitioning out of foster care are automatically reviewed for MIYA eligibility without filing a new Medicaid application. A change in coverage group is necessary and is accomplished by the following:

- ◆ Service area IV-E IM staff completes an automatic redetermination of Medicaid eligibility for youth who turn 18 in state-paid foster care.
- ◆ When youth exits foster care, the case manager or juvenile court officer sends form [470-3918, IV-E Changes](#), to the IV-E Income Maintenance (IM) Unit with the accurate forwarding address of the youth.
- ◆ Youth who apply after leaving care can:
 - Apply at the local Department office (which then forwards application to the centralized IV-E IM Unit); or
 - Submit the application directly to the centralized IV-E IM Unit.

The centralized IV-E IM Unit processes subsequent Medicaid applications. The youth must advise the Department of any address changes and cooperate with annual reviews. The youth receives form [470-4376, Medicaid for Independent Young Adults Change Report](#), with a self-addressed stamped return envelope.

Annual Renewal

MIYA cases are reviewed annually for re-determination of Medicaid eligibility. At the time of renewal, the centralized IM worker will send a [Review/Recertification Eligibility Document](#) to the youth's last known address. Failure to return the *Review Recertification/Eligibility Document* within 30 days could result in loss of coverage.

Narcotics Anonymous

Narcotics Anonymous (NA) is an international, community-based association of recovering drug addicts with more than 43,900 weekly meetings in over 127 countries worldwide. More information is available

- ◆ From the NA web site at: <http://www.na.org/contact.htm>

- ◆ By phone or mail to:

Narcotics Anonymous World Services, Inc.
Main Office
PO Box 9999
Van Nuys, California 91409 USA
Telephone (818) 773-9999
Fax (818) 700-0700

Preparation for Adult Living (PAL)

The Preparation for Adult Living (PAL) program provides financial support to eligible youth who are receiving aftercare services. The purpose of the PAL program is to ensure that youth in state care are better prepared for the challenges and opportunities that adulthood presents.

The PAL program offers a monthly stipend, which can be used for living expenses at the discretion of the young person. The stipend may be provided to a youth receiving aftercare services who left foster care after May 1, 2006, and meets all of the following criteria:

- ◆ Is ineligible for voluntary foster care placement;
- ◆ Left foster care paid for by the state on or after the youth's eighteenth birthday; and
- ◆ Was in foster care paid for by the state in at least 6 of the last 12 months before leaving foster care.

Youth discharged from a state institution (e.g., the State Training School or the State Juvenile Home) at age 18 are not considered former foster care recipients and are **not** eligible, regardless of their status before entering the institution. County detention alone is also not considered foster care status.

While the PAL stipend will not start until the youth leaves state-paid foster care, services can start before youth age out to help build a relationship with the self-sufficiency advocate or rent an apartment. Pre-PAL consists of up to ten meetings with the self-sufficiency advocate.

Conditions of the PAL Stipend

The monthly PAL stipend will be approved only if the following conditions apply:

- ◆ The youth is under the age of 21.
- ◆ The youth meets work or education eligibility requirements. The PAL stipend will be terminated for failure to be employed (25 hours per week minimum), actively pursues employment, or attend school for 30 consecutive days without good cause as determined by the program administrator or designee.
- ◆ The youth follows self-sufficiency plan components and expectations as determined by the program administrator or designee. Income from employment will reduce and eventually eliminate the PAL stipend.
- ◆ The youth maintains satisfactory progress as defined by the education or training program in which the youth is enrolled. A youth who is not making satisfactory progress may stay in the PAL program by choosing the work option.
- ◆ The youth lives in an approved setting, which may include a former foster family, an apartment, a college dormitory, or another approved arrangement. The program administrator or designee is responsible for approving the living arrangement. The youth may not live with a parent.
- ◆ The youth resides in Iowa.

NOTE: Youth who receive PAL are not eligible for aftercare vendor payments.

Amount

The monthly stipend shall be based on the foster family basic daily maintenance rate for a child aged 16 or older.

When the net earnings of the youth exceed the maximum payment, the stipend shall be reduced the following month by 50 cents for every dollar earned over the maximum payment.

The PAL stipend may be paid to the youth, the foster family, or another other than a Department employee. The parties involved shall agree upon the payee and specify the payee in the self-sufficiency plan.

Aftercare/PAL Eligibility Determination

Eligibility for aftercare and PAL is determined by the Department transition planning specialist. (Click [here](#) for a map identifying the transition planning specialists and their territories.)

The transition planning specialist will verify eligibility before making a referral to an Iowa Aftercare Services Network agency. Eligibility for youth who self-refer or who are referred by other agencies or individuals must also be verified by the transition planning specialist. The initial determination of eligibility must be made within five days of referral.

Appropriate, informed consent from the youth must be received in order for the Department to release information to the service provider, including the eligibility determination using the Aftercare/PAL Consent and Eligibility Determination form.

For more information on the Iowa Aftercare Services Network:

- ◆ Call 1-800-443-8336; or
- ◆ See the IASN web site at: http://www.ypii.org/IASN_pageone.htm

Social Security Advocacy Project

The Department has selected MAXIMUS to assist in the identification of children in Department custody who have severe disabilities and may be eligible for Supplemental Security Income benefits. MAXIMUS will file the application for benefits for children who appear to be eligible. If you have questions about referrals, please contact MAXIMUS at 1-800-778-1406.

Vocational Rehabilitation

Iowa Vocational Rehabilitation Services works with people with disabilities to achieve their employment, independence, and economic goals. For more information, see the web site <http://www.ivrs.iowa.gov/index.html>.

Developing the Initial Case Plan

Link to [Procedure](#)

Defining behaviorally specific outcomes for safe case closure at the beginning of involvement with the Department is important for the family. The case planning process is an opportunity for the family and the Department worker to come to agreement about the needs and concerns. When the family and the Department view the needs and concerns differently, the likelihood of working successfully with the family is significantly decreased.

When the family team considers safe case closure, they must consider and understand what specific changes must occur for the family to function successfully without external intervention or support. The family team needs to know “When will we be done?” so that they can work together successfully toward that goal and know when it is achieved.

The outcome that specifies safe case closure conditions should be the family’s perspective and be described in the language of the family.

Preparing for the Initial Case Plan

Safety of a child is paramount throughout the duration of a case. The evaluation of a child’s safety is an ongoing activity that begins at the first contact the family has with the Department and continues during the entire case process. A safety analysis focuses on the current and future situation and safety interventions match the duration of threat of harm.

Safety and health provide the foundation for normal child development. A child who is unsafe from actual injury or who lives in constant fear of assault, exploitation, humiliation or abandonment is at risk of death, disability, mental illness, co-dependent behavior patterns, learning problems, low self-esteem, and perpetrating similar harm on others.

While all children should be free from known and manageable risks of harm in their daily environments, a child is considered “safe” when:

- ◆ There are no present or impending dangers to the child, **or**
- ◆ Existing dangers are controlled by the caregiver’s protective capacities.

Identifying Strengths and Needs

The case manager is responsible to ensure that an adequate functional assessment has been completed, from which services are provided and the individualized case permanency plan is developed. A comprehensive assessment of strengths and needs that is solution focused and identifies the underlying needs is a prerequisite to developing effective strategies for change with the family team.

The functional assessment clearly identifies the current, obvious, and substantial strengths, needs, and risks of the child and family. Functional assessments include foreseeable crisis and transitions over the course of time for the child and family. Both formal and informal assessment information can be used.

The purpose in completing a quality functional assessment is so that you have an understanding of the child and family and how to provide effective services for them. If there has been a child protective assessment, the functional assessment should build upon that assessment.

The family functioning domains provide a common lens through which all involved are able to see the strengths and needs of the family and ensures a congruent and consistent approach to assessing strengths and needs and identifying areas in which change is required to provide for the safety, well-being and permanency of the child.

The Department's mandate to ensure child safety can be presented to the family in a non-intrusive manner, through reframing the concerns of the family that closely match the domains.

If the focus and tone of this discussion on the non-negotiable item--child safety--is rallying around the child and the child's needs, the parents are likely to be less defensive. This may require some acknowledgment of the family's ability to provide safety in the past and also recognition of the current concerns.

Frame the assessment process as a strategy for the family to identify and determine their natural supports and strengths that can be used to protect the safety and well-being of the child, while striving to ensure that permanency is being met.

In some cases, when an assessment has been completed there may be more than one domain identified to be resolved before the family can successfully manage without supervision of the court and the Department. When this occurs, the family can be engaged in a series of family team meeting around determining what the priorities are and which domains (or concerns the family has that fits in that domain) will be considered first.

It is not essential to complete the full family functioning domain criteria, but rather to use the criteria as a tool to work collaboratively with the family to identify key strengths and resiliency factors of the family and critical areas needing attention to ensure the safety, well-being permanency of the child. Allow family input as to the method of intervention that they feel would best meet their needs.

If you are determining the domains yourself while you are preparing the family, use the families concern language to define the domain and include the family language in the narrative section of the domain.

The combined family plan supports the critical effort of gathering and organizing information gained through contacts and observations, input from the family and the input from other professionals involved with the family to clearly see the strengths of the family and the issues and concerns facing the family that impact on the safety, well-being, and permanency of the child.

Crisis Planning

Crisis planning is different than safety planning although there may be overlaps. Crisis planning addresses the questions: "What do we do if some part of the plan breaks down and a crisis occurs?" and "What could go wrong?" in order to identify and predict contingencies. The crisis plan addresses what could go wrong with the strategies in the case plan as well as with the safety plan, when applicable, and describes contingency plans.

John VanDenBerg defines a crisis as any occurrence in the life of the child or family that could affect the outcomes of the existing plan and which has a high probability of occurrence given past patterns of behavior and the needs of the child and other family members. Crisis planning occurs as a support to the implementation of the plan.

John VanDenBerg says to implement effective crisis prevention and planning we need to: Predict, Prevent, and Plan.

The prediction process begins by asking the child and family team what the worse case scenario might be. You need to explore examples of what happened in the past before the crisis occurred. This provides predecessors to look for when it is about to occur again. The family team brainstorms about what they may do to prevent the predicted crisis from occurring and develops a crisis plan. The crisis plan includes contingency responses when a predicted crisis occurs.

[Crisis Prediction, Prevention and Planning: The Wraparound Process, Dr. John VanDenBerg, VanDenBerg Consulting, Inc., page 3.]

In crisis planning, we want to recognize the crises we can reasonably predict, we want to prevent those crises from happening if possible, and we want to plan a response when crisis does occur.

Goals, Services, and Strategies

Based on a thorough exploration of the Family Functioning Domains, the Family Plan goals are identified, the Family Profile completed, services and strategies formulated and then the action steps and responsibilities are determined for addressing needs by building upon family strengths.

It is critical to work in partnership with the family to promote their awareness of the need for services and supports to assist them in providing for the safety, well-being, and permanency of their child.

Goal statements need to be non-judgmental, strength-based, and focused on achieving the outcomes essential for safety, well-being, and permanency.

Goals need to:

- ◆ Address the issues that brought the family to the attention of the Department
- ◆ Be attainable
- ◆ Identify the minimal acceptable level of change require
- ◆ Drive the plan

Goals should focus on:

- ◆ Changes in patterns of behavior
- ◆ Enhanced development, capacity, and capabilities
- ◆ Improved environmental conditions and support networks
- ◆ Strengthening coping and resiliency factors

Action steps, services, and strategies should include responses that support Family Plan goals, utilize identified family strengths, and best meet the needs of the child and the family.

Completing the Case Plan

The combined *Family Case Plan* is the key tool throughout the life of the case for documenting, monitoring, and tracking:

- ◆ Family strengths and needs.
- ◆ Goals to be obtained to provide for child safety, child and family well-being, and permanency for the child.
- ◆ Services and strategies essential to achieve the identified goals.
- ◆ Steps and responsibilities of those involved in the *Family Case Plan* necessary to achieve the identified goals.
- ◆ Achievement and modifications to goals, services and strategies, and steps and responsibilities.

Documenting of the Family's Agreement With the Case Plan

Iowa's Model of Practice is built on the belief that involving families in the case planning process and supporting their participation in the necessary services and supports will achieve more positive results sooner, with more lasting effects.

It is an evidence-based best practice that facilitating the awareness, understanding and ownership of families in the identification of necessary services and supports leads to:

- ◆ Families following through in accessing services and programs.
- ◆ Families participating in and completing services and programs.
- ◆ Positive case outcomes.

The "Signature and Notifications" page provides a checklist of who needs to be provided with a copy of the *Family Case Plan*.

Evaluating the Case Plan

Link to [Procedure](#)

Use the review section of the case plan to document progress and barriers in the concerns, strategies, or results and in achieving the permanency goal, to change the permanency goal, or to close the case. The review appears in a narrative format.

Strategies will change as progress or barriers are identified. When strategies are not working, they should be changed before the six-month review. Any changes made to strategies should be documented in the review section.

Update the review:

- ◆ When there is a significant change in concerns, risk factors, or strategies.
- ◆ At a minimum of every six months.
- ◆ Before any judicial or administrative review.
- ◆ When the team has determined significant change has occurred.

When a result is achieved, it should be documented in the review section. It may also be documented in the summary section. The result may then be deleted from the result section at the next case review.

Alternative concerns, results, or strategies may be added when the service plan is reviewed. When the concerns, results, or strategies are reviewed and they no longer appear applicable to the family, they must be changed to reflect the current situation. When concerns, results, or strategies are changed, they should be deleted from the service plan, and reasons should be addressed in the review section.

Safety Planning at Reunification

The reunification decision always includes a judgment about the caregiver's willingness and cooperation. Reunification should occur at the earliest time that you can conclude that impending danger has been eliminated or impending danger can be sufficiently managed with a safety plan because of the progress that has been made related to the conditions for return.

Safety assessment associated with reunification always involves formal use of the same criteria applied during initial assessment (the same criteria that indicated the presence of impending danger).

Always institute a safety plan if the safety assessment decision is that the child is conditionally safe. A safety plan is always required when reunifying a child to confirm that threats to safety no longer exist or that caregiver protective capacities have been sufficiently enhanced to assure child safety.

Put a safety plan in place when a child is reunified occurs when you've concluded that:

- ◆ The home environment is stable enough to sustain the use of an in-home safety plan.
- ◆ Caregivers are willing to be involved and cooperate with the use of an in-home safety plan.
- ◆ Services are available and accessible at the level of effort required to assure safety in the home.
- ◆ All parties are committed to participating in the in-home safety plan.
- ◆ The in-home safety plan will provide the proper level of support to manage safety threats.
- ◆ There have been specific changes in family circumstances or protective capacities that would allow for the use of an in-home safety plan.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

May 4, 2007

GENERAL LETTER NO. 17-C(2)-1

ISSUED BY: Bureau of Protective Services,
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter C(2), **CASE PLANNING PRACTICE GUIDANCE**, Title page, new; Contents (page 1), new; and pages 1 through 26, new.

Summary

Employees' Manual Chapter 18-A, **CHILD WELFARE GENERAL REQUIREMENTS**, has been redesigned into policy, procedure, and practice guidance subchapters reflecting the phase in the life of the case with case planning. The new case planning chapters are:

- ◆ 17-C, **CASE PLANNING POLICY**, which contains succinct, "high level" statements that summarize the essence of the associated laws, rules, and Department-required practice.
- ◆ 17-C(1), **CASE PLANNING PROCEDURES**, which tells what the Department service worker should do in the logical order of when and how to do the work.
- ◆ 17-C(2), **CASE PLANNING PRACTICE GUIDANCE**, which provides background information to support the procedures or policy and the clinical or programmatic rationale for the actions that are required.
- ◆ 17-C(3), **ADDITIONAL CASE PLANNING INFORMATION**, which contains information that is lengthy or used only in specific situations. These topics may be accessed through hypertext links in the policy, procedure, or guidance chapters.

Hypertext links in all of the chapters connect to the other case planning chapters, additional information on a topic, or a specific form or tool.

Case Planning Practice Guidance

Practice guidance is provided for case planning procedures. Web site resources are listed to assist the assessment worker in the evaluation of abuse, the assessment of family functioning, and the development of recommendations for services.

Effective Date

Upon receipt.

Material Superseded

None.

Additional Information

Refer questions about this general letter to your area service administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

June 29, 2007

GENERAL LETTER NO. 17-C(2)-2

ISSUED BY: Bureau of Child Care and Community Services,
Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter C(2), **CASE PLANNING
PRACTICE GUIDANCE**, pages 19 and 20, revised.

Summary

This chapter has been revised to clarify that a free copy of the youth's health and education record must be provided to youth when they exit from foster care at 18 years of age or older. Details include what must be provided to the youth.

Effective Date

July 1, 2007

Material Superseded

Remove the following pages from Employees' Manual, Title 17, Chapter C(2), and destroy them:

<u>Page</u>	<u>Date</u>
19, 20	May 4, 2007

Additional Information

Refer questions about this general letter to your area service administrator.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

September 28, 2007

GENERAL LETTER NO. 17-C(2)-3

ISSUED BY: Bureau of Protective Services, Division of Child and Family Services

SUBJECT: Employees' Manual, Title 17, Chapter C(2), **CASE PLANNING PRACTICE GUIDANCE**, Contents (page 1), revised; Contents (page 2), new; pages 6, 7, 9, and 19 through 26, revised; and pages 6a through 6e and 27 through 39, new.

Summary

This chapter is revised to reflect:

- ◆ The new safety assessment, safety plan, and family safety, risk, and permanency services requirements.
- ◆ Expanded resources for transitional planning for youth aged 16 or over.

Effective Date

October 1, 2007

Material Superseded

Remove the following pages from Employees' Manual, Title 17, Chapter C(2), and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 1)	June 9, 2007
6, 7, 9	May 4, 2007
19, 20	June 29, 2007
21-26	May 4, 2007

Additional Information

Refer questions about this general letter to your area social work administrator.